



TFW

Docket No. 68518-A/JPW/GJG/JRM

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Sharon Cohen-Vered et al.  
Serial No. : 10/758,272 Examiner: Desai, Anand U.  
Filed : January 14, 2004 Group Art Unit: 1656  
For : PARENTERAL FORMATIONS OF A PEPTIDE FOR THE TREATMENT OF  
SYSTEMIC LUPUS ERYTHEMATOSUS

Mail Stop Issue Fee  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Date: August 20, 2007

Sir:

Transmitted herewith is an amendment to the above-identified application.

\_\_\_\_\_ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

\_\_\_\_\_ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For <sup>1</sup>	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	25 -	* 32 =	*** 0 X	\$25	\$50	=		0.00
Indepen- dent Claims	3 -	** 3 =	*** 0 X	\$100	\$200	=		0.00
Multiple Dependent Claim(s) Presented For First Time Yes <u>X</u> No				\$180	\$360	=		0.00
				TOTAL ADDITIONAL FEE			\$	0.00

- <sup>1</sup> The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.  
\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.  
\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.  
\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter  
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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☐ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes ☐ No ☐

and a fee of \$ ☐ included)

☐ A Petition for an Extension of Time, including a fee of  
\$ ☐ for a Petition for ☐ Month(s) Extension of Time

☐ Other (identify): ☐  
☐  
☐

THE TOTAL FEE DUE IS \$ 0.00.

☐ A check in the amount of \$ ☐ is enclosed.

☐ Please charge Deposit Account No. ☐ in the amount of  
\$ ☐.

☒ The Commissioner is hereby authorized to charge any additional fees  
required or credit any overpayment to Deposit Account No. 03-3125  
as follows:

☒ Fees under 37 C.F.R. §1.16 for the presentation of extra claims

☒ Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.	
<u>Gary J. Gershik</u> Gary J. Gershik Reg. No. 39,992	<u>8/20/07</u> Date

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Dkt. 2609/68518-A/JPW/GJG/JRM

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Serial No. : 10/758,272 Examiner: Desai, Anand U.  
Filed : January 14, 2004 Art Unit: 1656  
For : PARENTERAL FORMULATIONS OF A PEPTIDE FOR THE  
TREATMENT OF SYSTEMIC LUPUS ERYTHEMATOSUS

Notice of  
Allowance mailed : August 2, 2007

Confirmation No. : 5919

1185 Avenue of the Americas  
New York, New York 10036  
August 20, 2007

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**AMENDMENT UNDER 37 C.F.R. §1.312 IN RESPONSE TO  
AUGUST 2, 2007 NOTICE OF ALLOWANCE AND CONFIRMATION OF  
JULY 19, 2007 TELEPHONE INTERVIEW**

This Amendment is submitted pursuant to 37 C.F.R. §1.312, after the mailing of a Notice of Allowance but before payment of the issue fee in connection with the above-identified application. The issue fee is due November 2, 2007 and has not yet been paid. Accordingly, this Amendment is being timely filed.

The claims listed herein incorporate the amendments to the claims made in the Examiner's Amendment included with the Notice of Allowance issued August 2, 2007.

Please amend the subject application as follows: